

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>AUTUMN LIVING VILLA AFH/Erasmus S. Cruz</b>	LICENSE NUMBER <b>751587</b>
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**NOTE:** The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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### About the Home

**1. PROVIDERS STATEMENT (OPTIONAL)**

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

**Our mission is to provide 24 hour care to vulnerable adults who cannot care for themselves assisting them to live as independently as possible. We work hard each day to provide loving care to our residents. We are located in quiet Nyanza neighborhood in Lakewood.**

**2. INITIAL LICENSING DATE**

**12/01/2007**

**3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:**

**N/A**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**N/A**

**5. OWNERSHIP**

- ☐ Sole proprietor
- ☒ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other:

## Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

### 1. EATING

If needed, the home may provide assistance with eating as follows:

**Feeding residents who cannot feed for themselves, cueing residents who are needing assistance, pureeing food for those having a hard time eating solid food and supervising each and every resident to meet their nutrition requirement.**

### 2. TOILETING

If needed, the home may provide assistance with toileting as follows:

**Changing the incontinent residents as needed and providing peri-care, assist residents who cannot go to the bathroom by themselves, cuing other residents to visit the bathroom regularly and just making sure that all their incontinent supplies are well-stocked.**

### 3. WALKING

If needed, the home may provide assistance with walking as follows:

**AFH remind residents to use their assistive devices, push their wheelchair if they cannot walk, assists the ones that needs assistance and just keeping an eye to ensure the residents are safe.**

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

**Two person assist to heavy to transfer residents, use hoyer when necessary.**

### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

**AFH caregivers are trained to turn residents that cannot turn for themselves so as not to develop pressure ulcers. They have to be position in such a way that they are comfortable with the use of pillows .Residents are reposition every two hours.**

### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

**Caregivers set up residents supplies for those that can do their hygiene. If resident cannot do it fo themselves, caegiver does it for them such as brushing their teeth, combing/brushing their hair, giving them shower if they can go to the bathroom, bed bath if they can't and also trimming their nails if they're not diabetic. We also put lotion to make sure their skin is hydrated.**

### 7. DRESSING

If needed, the home may provide assistance with dressing as follows:

**Assist residents who can dress themselves by making sure they have clean clothes. We dress those residents that cannot dress themselves.**

### 8. BATHING

If needed, the home may provide assistance with bathing as follows:

**We assist residents with showers by taking them to the bathroom and helping them with the whole process, monitoring the water temperature, scrubbing their back and feet and legs. We also assist with the drying, putting lotion and changing clothes. None of our residents are capable of taking a shower without assistance at this time so we are always available to assist.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Podiatrist are required if they are diabetic.**

**Medication Services**

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

**AFH remind residents to take their medications on time, assisting them with administration or oral meds making sure that they are logged properly.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Staff are trained to be delegated in various task such as giving the syringe if they need insulin injection or putting eye drops to clients eyes**

**Skilled Nursing Services and Nurse Delegation**

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

**The home has a nurse delegator that delegate our caregivers.**

The home has the ability to provide the following skilled nursing services by delegation:

**We have put nursing delegation into place to include medication assistance and/or administration of various medications.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The provider will ensure there is appropriate skilled staffing.**

**Specialty Care Designations**

We have completed DSHS approved training for the following specialty care designations:

- ☒ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

**AFH provide special care and attention to residents with a diagnosis related to mental health and dementia.**

**Staffing**

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☒ The provider lives in the home.
- ☒ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☐ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☐ Registered nurse, days and times: \_\_\_\_\_
- ☐ Licensed practical nurse, days and times: \_\_\_\_\_

<input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <b><u>Resident manager is a CNA and lives in the home.</u></b>
<input type="checkbox"/> Awake staff at night
<input checked="" type="checkbox"/> Other: <b>Staff do rounds twice in one night</b>
ADDITIONAL COMMENTS REGARDING STAFFING <b>We always have two caregivers scheduled since provider and resident manager lives in the home.</b>
<b>Cultural or Language Access</b>
The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)
The home is particularly focused on residents with the following background and/or languages: <b>English and Tagalog(Filipino) are spoken here.</b>
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS <b>N/A</b>
<b>Medicaid</b>
The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.
<input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: <b>They are shared rooms.</b>
ADDITIONAL COMMENTS REGARDING MEDICAID <b>Has a medicaid policy that is disclosed to clients prior to admission.</b>
<b>Activities</b>
The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).
The home provides the following: <b>We enroll them in Adult Day if they so preferred to get involved in Social activities.</b>
ADDITIONAL COMMENTS REGARDING ACTIVITIES <b>Residents activities will match their capabilities.</b>

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:  
 RCS – Attn: Disclosure of Services  
 PO Box 45600  
 Olympia, WA 98504-5600